

Case Number:	CM14-0072453		
Date Assigned:	07/16/2014	Date of Injury:	05/30/1995
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63 year old male who was injured on 5/3/1995. The diagnoses are low back pain and muscle spasm. The patient completed 6 formal aquatic therapy exercise sessions and reported increase in ADL and physical function. On 4/15/2014, [REDACTED] PA-C/[REDACTED] MD noted subjective complaints of low back pain radiating to the lower extremities associated with numbness. The physical examination showed a 5/5 muscle strength, hypoesthesia along L5-S1 dermatomes and positive straight leg raising tests. The medications are Soma for muscle spasm, Ibuprofen for pain, and Nexium for the prevention and treatment of NSAIDs induced gastritis. The patient is awaiting referrals for EMG and a neurosurgery consult. A Utilization Review determination was rendered on 4/29/2014 recommending non certification for self-directed aqua therapy for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Self Directed Aqua Therapy for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 22, 46-47, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of exercise in the management of chronic musculoskeletal pain. Aquatic exercise is an optional alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity by reducing the pressure on weight bearing musculoskeletal system. The record did not show that the patient cannot tolerate land based exercise. He was reported to have 5/5 muscle strength in the extremities. There is no documentation of deficits in core muscle strength. The criteria for the self directed aqua therapy for 1 year was not met. As such, the request is not medically necessary and appropriate.